

Georgia Department of Human Resources

AIDS IN GEORGIA

The epidemic in Georgia

The HIV/AIDS epidemic continues to grow in Georgia. The total number of AIDS cases reported by the end of June 2002 was 25,245. The Centers for Disease Control and Prevention (CDC) estimates that 8,200 to 15,300 living adults and adolescents in Georgia were aware that they were infected with HIV (but did not have AIDS) in 2001. The state had the eighth highest number of AIDS cases in the United States and the fifth highest rate of AIDS cases per 100,000 people in 2001. The Department of Human Resources public health system continues to enhance its efforts to provide prevention education, early detection of HIV infection, and treatment.

Who has HIV in Georgia, and how did they get it?

The HIV/AIDS epidemic in Georgia now affects many women. In the early stages of the epidemic most people with HIV were men. From 1984 to 2001, the proportion of female AIDS cases increased from 4 percent to 26 percent.

Many infected women are sex partners of men who have used drugs or have had sex with other men. As more women become infected with HIV, more children may be born with HIV infection. **About one in five babies born to HIV-infected women is infected.**

Teenagers are becoming infected. Teenagers of both sexes are at risk of infection. Teens are not likely to perceive themselves at risk and may be willing to take chances with unprotected sex, and many teens have sex with older partners who may have had multiple sex partners or used drugs. Many of the 20 percent of Georgians with AIDS who were diagnosed in their 20s were probably infected as teenagers, because the symptoms of full-blown AIDS do not appear until an average of 10 years after infection with HIV.

Men who have sex with men still represent the largest number of people living with AIDS. Despite strong community-based efforts, studies suggest that young gay men are engaging in unsafe sex, so continued education and outreach to the gay community are essential.

Drug use is a major factor. Many cases of HIV transmission result from the use of illicit drugs. People who inject drugs often contract the virus when they share needles with an infected person. They may also become infected through sexual activity with infected partners who have used injection drugs, or by trading sex for drugs or money to buy drugs. Even alcohol use may increase high-risk behavior because it reduces inhibitions and interferes with decision making.

Syphilis and HIV continue to be found frequently among users of crack cocaine and their sex partners. Many cocaine users trade sex for drugs. In addition, the sores or inflammation resulting from syphilis and other common sexually transmitted diseases like gonorrhea or chlamydia make a person more susceptible to becoming infected with HIV. The rise in STDs associated with crack use may have also contributed to an increase in HIV transmission in Georgia.

More African-Americans are becoming infected. Early in the epidemic, most cases were reported among white men. Now, while African-Americans make up 29 percent of the state's population, 76.5 percent of new cases in 2001 were among African-Americans. AIDS continues to be the leading cause of death among African-American men and women ages 20-44 in 2001.

The epidemic is shifting to rural areas and small cities and towns. As of December 31, 2001, about 27 percent of the men who have been diagnosed with AIDS, 43 percent of the women, and 46 percent of the children with AIDS were living outside the 20-county metropolitan Atlanta area at the time of AIDS diagnosis. In rural areas, resources are scarce and people needing help are more dispersed and therefore harder to reach with treatment as well as prevention efforts.

The major impact of the AIDS epidemic in Georgia is felt among the rural and urban poor. Each year, more of these cases are heterosexual teenagers and young adults, more are parents of young children, and more have histories of substance abuse.

What is Georgia doing to stop the spread of HIV?

The Prevention Services Branch of DHR's Division of Public Health coordinates a wide range of HIV/AIDS prevention programs, emphasizing participation both by interagency collaborations and by members of those communities with the greatest risk of infection. The programs educate people of consequences of high-risk behavior and teach people how to protect themselves. They also encourage HIV testing so that infected people can be offered counseling, treatment, and assistance in informing their sexual and needle-sharing partners that they may have been exposed and offering them the same services. The Prevention Services Branch is working to improve the integration of HIV/AIDS, STDs, tuberculosis and substance abuse prevention and intervention services. STDs are transmitted through the same sexual behavior that transmits HIV, and people with HIV are especially vulnerable to tuberculosis. Substance abuse is often linked to all of these health risks. Often the same people require services and information about all of these health concerns.

Public Health activities include:

- The Prevention Services Branch conducts a statewide community planning process to guide its HIV prevention funding and activities. The Statewide HIV Community Planning Council, selected from nominations submitted by organizations and people throughout the state, identifies unmet needs, sets priorities and facilitates collaborations between public health programs and citizens.
- The Prevention Services Branch administers grants from the CDC and gives technical assistance to **community-based organizations** and **county health departments** which conduct education and prevention programs in communities throughout the state.
- Community-based organizations and educators in the Prevention Services Branch provide HIV/AIDS prevention education in several different languages to communities throughout the state, including migrant workers.
- District-based and community-based health educators bring information on HIV prevention to **teenagers** in schools, in coordination with school officials. They also give information to youth groups, youth detention centers, group homes, shelters and other sites.

- District health educators give HIV/AIDS education presentations at **work sites** throughout Georgia.
- HIV antibody tests are available at over 400 sites, including all of Georgia's 159 county health departments. These sites offer HIV **counseling and testing**, both confidentially (names are recorded so health departments can contact infected people to offer treatment and help with notifying sexual or needle sharing partners) and anonymously (no identification is collected).
- The AIDS surveillance staff at the Epidemiology Branch monitor trends in reported cases of AIDS in Georgia, and helps the CDC conduct studies to better understand who is likely to become infected, how the disease affects people, and what the long-term impact of the epidemic may be.
- The Prevention Services Branch funds AID Atlanta, a community-based organization, to operate the Georgia AIDS Information Line seven days a week to answer questions about prevention, transmission and treatment of AIDS.

What is being done to treat Georgians with HIV?

In recent years, medications and preventive therapy for HIV-related illnesses have allowed patients to spend less time in the hospital and to live longer and enjoy a better quality of life. The need for early diagnosis and treatment and for expanded outpatient facilities is increasing along with the growing numbers of cases of HIV/AIDS.

Funds from the Ryan White Comprehensive AIDS Resources Emergency Act and state funding have enabled DHR to expand existing clinics and offer some outpatient services for people with HIV/AIDS in many health districts.

The expansion of Georgia's Medicaid program in 1990 has extended coverage to many disabled AIDS patients who formerly exceeded income guidelines for eligibility and could not afford treatment. Also, Georgia is one of 16 states with an insurance assistance program, which pays private health insurance premiums to maintain coverage for people with HIV whose income has fallen below 300 percent of the federal poverty level. A federal grant enables DHR to supply approved medication for the treatment and management of HIV infection to over 4,000 indigent people with HIV who do not qualify for Medicaid, through the AIDS Drug Assistance Program.

Funds from the Ryan White CARE Act have expanded opportunities for treatment and case management throughout the state. However, expected increases in reported AIDS cases will continue to strain the public and private health care systems. **Services for families with HIV/AIDS and for people with HIV/AIDS who are substance users are in short supply.** To be effective, medical services for these groups must be integrated with social services, nutrition services, mental health care and addiction management.

For more information about HIV/AIDS, contact the Georgia AIDS Information Line at 1-800-551-2728.